

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-018426

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 986

FILED APR 16 1963

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CITY OF ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON BARRACKS, MO		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 241 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) 2352 MICHIGAN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT A. ABLE		4. DATE OF DEATH Month 3 Day 22 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1889
9. AGE (last birthday) 74 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). SWITCHMAN	
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) MEMPHIS, TENNESSEE	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME GULLAY ABLE	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE KITTYE B. ABLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or not unknown) (If yes, give year or dates of serv) YES WW-I		17. INFORMANT NEXT OF KIN MRS. KITTYE B. ABLE, 2352 MICHIGAN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA AND HYDROTHORAX DUE TO (b) ACUTE MYOCARDIAL INSUFFICIENCY DUE TO (c) GENERALIZED ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS 24 HOURS	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. attended the deceased from 7-24-62 to 3-22-63 Death occurred at 2:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John J. Mueller M.D.	
22b. ADDRESS VA HOSP. JEFF. BRKS. MO.		22c. DATE SIGNED 3-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR 25 1963	
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO.	
24. FUNERAL DIRECTOR KUTIS FUNERAL HOME 2906 GRANDIS		25. DATE RECD. BY LOCAL REG. 3-22-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Glaven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.